PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/524,918 | | | ling Date 05/2005 | To be Mailed | |
|---|--|---|---|---|--------------|--|---|--|------------------------|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | | HER THAN ALL ENTITY | |
| Г | FOR | N | NUMBER FILED | | NUMBER EXTRA | | Г | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | l | N/A | | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | | | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | E or (q)) | N/A | | N/A | | | N/A | | | N/A | | |
| TO (37 | FAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | П | x \$ = | | OR | x s = | | |
| INE (37 | EPENDENT CLAIM CFR 1.16(h)) | S | minus 3 = * | | • | | | x \$ = | | | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addi | If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and | | | n size fee due for each i thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | |] | TOTAL | | |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | |
| AMENDMENT | 03/13/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.18()) | * 38 | Minus | ~ 30 | | = 8 | | X \$25 = | 200 | OR | x \$ = | | |
| | Independent (37 CFR 1.16(h)) | • 2 | Minus | 3 | | = 0 | l | X \$100 = | 0 | OR | x s = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| ^ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | 200 | OR | TOTAL ADD'L FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOU PAID F | BER USLY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16(i)) | | Minus | ** | | | | x \$ = | | OR | x s = | | |
| Σ | Independent (37 CFR 1,16(h)) | | Minus | *** | | | | x \$ = | | OR | x \$ = | | |
| ᇳ | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | |] | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | | | OR | TOTAL ADD'L FEE | | |
| ** 1 | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

has collection of information is organic by 37 CFR. 1,10. The information is required to obtain or retain a benefit by the public which is in the final representation of the process and any potential of the process and any potential or Confederation (FR 1.1. 4.1. this collection is estimated to the bit 2 minutes to complete including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Child referension Officer. U.S. Plants and Trickmark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.